

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/10/2015
NAME OF PROVIDER OR SUPPLIER DAVIS REST HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report by Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on September 10, 2015 from 9:20 AM to 10:00 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	(C 000)		
(C 174)	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 6. Based on observation, the building exterior building components were not maintained operable Findings include: The gutters have holes rusted in the bottom, and they are coming loose from the house in places 09/10/2015-PD: Based on observations during the Follow-up Survey, this has only been corrected in part. The gutters have been re-attached to the home, but many still have holes in them. Have the gutters repaired or replaced. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	(C 174)	All gutters have been re-attached + all holes repaired... Photographs will be provided by e-mailed and/or faxed. Monitoring per yr will be completed & documentation be added to Facility's housekeeping check sheet... to ensure building equipment compliance.	Oct 30, 2015

 Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER REPRESENTATIVE'S SIGNATURE



 TITLE
 Administrator

(X6) DATE

11/03/2015 1st

STATE FORM

LYW922

If continuation sheet 1 of 2

12/10/2015 2nd

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